HEALTH PROBLEMS AMONG MIGRATORY WORKERS

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A mass migration of farm families into California from the drouth states of the Middle West, particularly from the Dust Bowl and from the cotton belt of the South, where plantations are being mechanized and operated in large-scale units, has focused attention on the problems of a large and growing migrant population in the state.

These problems which we now view with concern are, of course, not new. The specialized, intensive, and industrialized agriculture of the state has for a long time required a highly mobile labor supply which would assemble at the scene of each harvest at the proper time and then desert the locality when the harvest was finished, to show up at the next spot where a ripening crop gave promise of a chance to work. Migrant agricultural workers, known in earlier years as "fruit tramps", have followed the crops up and down the state by the tens of thousands until they have become a well-known feature of the agricultural picture.

There are, however, new aspects in the present situation which put a different face on the problem and give it a particular importance at this time. More than 250,000 persons, almost all of native white American stock, coming into the state since June, 1935 have to a very large extent displaced the workers of Mexican, Filipino, and other foreign

extraction and brought about a fundamental change in the composition of the migrant agricultural population. Most of the present native migrants are accustomed to, and are striving to maintain, the American standards of living. Moreover, there are fewer single men who can be quartered in bunk houses, and more families with women and children to multiply the difficulties of a nomadic existence and to intensify public concern for the social welfare of the younger generation.

A striking increase in the number of migrants adds another factor for consideration. According to statistics on labor requirements for the various crops, it is normally essential that approximately 50,000 workers move from place to place throughout the year to take care of the succession of harvests. This year, however, it is estimated that there are at least two men for every job, and since the newcomers are without homes and are living in tents, auto camps, or growers' cabins, the number actually milling about in the agricultural valleys of the state in search of work is greater than ever before. Probably at the present time the unsettled migrant population has increased to more than 300,000 men, women, and children.

Particular types of health problems develop out of the mobility, the living and sanitary conditions, and the economic status of this group. Among these are: the easy and rapid spread of communicable diseases; the prevalence of sickness caused by unsanitary living conditions; the high incidence of diseases traceable to malnutrition; and a general neglect of health due to poverty and to ineligibility for state and county aid.

Communicable diseases spread rapidly in densely populated camps where many families use the camp facilities in common. When measles or

mumps or smallpox break out in one of these camps, a large part of the population may be exposed before the disease is reported to health authorities and brought under control. For example, last winter a public health nurse on her rounds inspecting health conditions in the San Joaquin Valley discovered smallpox in a private camp and found that 26 cases had already developed before the nature of the sickness was suspected. Although this outbreak was caught by the county health department in time to prevent its spread to other camps or to the community at large, there is always the live probability that some exposed family will move to another camp or another community and transport the disease to a new centre of infection. It is known that during last year agricultural workers carried smallpox from the San Joaquin Valley to the Imperial, and typhoid from Imperial into Kern County. The close concentration of many families in unsupervised camps, and their frequent movement to new localities, makes the control of communicable diseases many times more difficult than in a static population living in separate private homes.

Unsanitary living conditions are responsible for a large amount of preventable sickness among the thousands of migrant families for whom there is no housing, and who must live the year around in tents or cabin camps commonly affording only the barest essentials for sanitation and cleanliness, and frequently with no facilities whatever. In spite of new building which has been done in recent years by private growers, auto camp operators, and the government, there are still many squatter camps where an irrigation ditch or an open well is the only water supply and where a hole dug in the ground and surrounded by a brush or burlap screen is the only toilet facility. Dysentery, diarrhea, and typhoid are types of disease frequently found under these conditions. In 1936,

90 percent of the typhoid cases reported in California occurred among rural migrants.

Another common cause of disease among migrants often cited by health authorities and by country doctors is malnutrition. Dr. Dickie, Director of the California State Department of Public Health, speaking before the Public Health Section of the American Medical Association in San Francisco this year, stated: "Of first importance is the provision of adequate food for these migratory families." In the middle of last winter a public health nurse standing in the middle of a muddy, squalid camp at the end of a day's work in such surroundings, put her feelings into one terse sentence: "These people need food, not medicine."

Yearly earnings of families intermittently employed and often on the move in search of work fall to exceedingly low levels, and this year, because of a heavy surplus of labor in the agricultural fields, will probably average below $300, which is less than half of a relief budget as figured by California welfare authorities for bare subsistence. Out of this meager sum they must buy gas for their travels in search of work and for their moves from job to job. What is left is what they have for living. One family of four with three workers, camped near Caldwell, Idaho, early in June waiting for the peas to mature, told me they had earned $56 picking peas in Imperial, in San Luis Obispo County, and in the Tracy pea district since February 15. During that time they had traveled over 1500 miles following the peas. The final comment of the father at the end of his story was, "You can't make a living any more -- all you can do is to live on what you make."

With such a level of earnings, a wide prevalence of malnutrition is inevitable. It is commonly thought that agricultural people working close to the soil are safe from hunger -- that they can raise their own

food -- but the migrants of California are as landless as any group of industrial workers in the cities. They not only have no homes, but they remain in one place for so brief a time and must move so often that, although they are born farmers and spend their working days in agriculture, they must buy their foods at the stores.

With incomes insufficient to cover the bare essentials of food, clothing, and shelter, it is plain that there is no money to pay doctors, and it is the observation of welfare workers and of doctors themselves that these families habitually go without medical care until they are forced to seek doctors' services only after illnesses have reached an acute stage. Neglect of chronic ailments builds up, after a time, an accumulation of diseased conditions which amounts to a serious impairment of the health of this large section of the rural population. A cursory analysis of the cases treated under arrangements of the Agricultural Workers Health and Medical Association during the first months of its operation shows that many of the ailments are of long standing, and undoubtedly are a result of neglect due to poverty. So long as this situation exists, there is bound to be a continued physical deterioration of the population, which is a matter of serious public concern.

Since the migrants rarely have residence status in the counties where they are at work, and are not eligible for county aid, the cost of absolutely necessary medical care for acute illnesses has fallen as a heavy burden on country doctors who extend aid without pay. Welfare departments of rural counties also accept many cases for care in emergencies, even though declaring the families ineligible. When, as is the case this year, there is a surplus labor population which, as a surplus, can add no new taxable wealth to the community, there is an overload of tax burden placed on rural counties where the surplus is concentrated. Inasmuch as

adequate health service is closely related to adequate financing, this situation may be classed along with health problems.

These are the health problems as they come to us from a wide range of sources. Now let us see what is being done about them.

Control of communicable diseases falls within the province of the Public Health Service and is being taken care of by the State Department of Public Health in cooperation with County Health Departments. Public health doctors, nurses, and medical social workers follow the movement of the migrants and vaccinate and innoculate from 60 to 70 thousand families every year against smallpox, typhoid, diphtheria, and other communicable diseases. Whenever one of these diseases is discovered, a party of workers is dispatched to the scene and the work of immunization goes on day and night until the danger is over. The State Department of Health also keeps a nurse in each of the government camps for migratory workers. The nurse examines each family as it registers in and keeps a watchful eye on health conditions affecting the camp population. In these camps, diseases are discovered early, and those which are communicable are placed in an isolation unit to prevent their spread. There have been no epidemics in government camps thus protected, and no serious epidemics of any kind among the migrant population of the state in the last few years since the migrant program of the State Department of Public Health has been in operation.

Camp sanitation comes within the jurisdiction of both the Public Health Service and the State Department of Immigration and Housing. Public Health doctors and nurses circulate through the camps at frequent intervals and exercise their authority so far as is possible to prevent standards of sanitation from falling to dangerously low levels. Inspectors for the Department of Immigration and Housing intermittently visit private camps

and issue warnings to owners of properties where sanitary conditions are below state standards. The staff of this agency is now, however, entirely inadequate for the number of camps to be covered, and in the long interim between the infrequent visits of the inspectors, sanitary conditions often become so bad as to be a public menace. To make matters worse, the homeless migrant army has grown so large that decent camp facilities for all simply do not exist. As the movement into a harvest area gets under way, the available camp facilities are over-crowded and squatter camps spring up and grow to communities of several hundred people, with almost no provisicn for safe water supply or for the proper disposal of garbage and sewage. In spite of wholesale evictions from the worst sites, there is no escape from dangerous living conditions, for there is no place for the inhabitants to go. As a step toward alleviation of this critical deficiency in living facilities, the Farm Security Administration has constructed eight sanitary camps for migrant agricultural workers in those sections of the state where congestion of agricultural workers is most serious. Three additional camps are now under construction, and eight more are to be constructed during the present fiscal year. These camps, when all are in operation, will accommodate 4500 families. Meanwhile, private growers have increased the capacity of their camps by an amount probably exceeding that of government camps, but still there is an unhoused population numbering in the neighborhood of 25,000 families.

Malnutrition on a large scale in any group of people is, of course, directly related to the income level of the group, and any effective attack on the problem must primarily be through measures to supplement earnings which are too low to afford an adequate food budget. Agricultural workers who move from county to county in pursuit of work form a class which has lower yearly earnings than any other employed group in

the state. They are the class also which, because they are away from their usual place of residence, experience the greatest difficulty and delay in obtaining relief when their funds are exhausted. The transients without state residence and consequently ineligible for state relief were, until recently, left entirely on their own insufficient resources. During the past winter there was widespread hunger and serious malnutrition in the San Joaquin and Imperial Valleys. In February the Farm Security Administration began the issuance of food grants to transient families in strictly agricultural localities, and about the same time the State Relief Administration opened emergency offices in distressed areas. Both of these agencies provide for supplementing the incomes of families when earnings are too low to afford sufficient food to maintain health. Both also provide for special diets for cases where malnutrition is discovered. Beyond these general provisions, there are other special measures taken to combat under-nourishment among the children. Educational authorities provide free lunches in schools. In the government camps, nursery schools supported by the Works Progress Administration and by funds raised by camp committees serve midday lunches to all children. The State Department of Public Health employs nutritionists to hold clinics in camps, where mothers are taught how to utilize cheap foods available in the neighborhood to balance the family diet, the better to maintain the health of its members. Still there is need for much more to be done before there can be any great confidence that the health of large numbers of mothers and growing children is not to be impaired by the lack of nourishing food.

To prevent the physical deterioration of the poverty-stricken migrant population of the state, some method of financing medical care is apparently essential. The State Relief Administration provides for

limited medical care, but no hospitalization, for those persons on relief. Since May of this year the Farm Security Administration, in cooperation with the State Department of Public Health, and operating through the Agricultural Workers Health and Medical Association, a government corporation set up specifically for this purpose, has been providing for both medical and hospital care for the families of transient agricultural workers. In the first four months of operation 5887 persons from 3248 families received treatment. Analysis of the cases by medical men contributes the suggestion that many of them represent an accumulation of chronic ailments which had been neglected for a long time because of lack of funds with which to pay the doctor. It has become apparent that families without money to pay doctors' bills will apply for aid when needed to a public agency set up for the purpose more readily than they will to a private physician. The result is that the doctors and hospitals are paid for services rendered, and, what is more important, the health of the people is preserved.

In conclusion, it seems pertinent to point out that Federal, State, and local machinery exists and is operating for prevention and treatment of illnesses; for the relief of hunger and malnutrition; and for establishing standards of sanitation in camps and living quarters. Also, under the Federal Housing Act and the California Enabling Act, machinery and financial resources for an adequate home building program have recently been made available. As yet, however, local housing authorities which this state and national legislation contemplates and authorizes, and which are to be the instruments of front line attack on the critical housing problem, have not been created. This is a local responsibility, and upon the local communities -- counties and municipalities -- is now the mandate of the country to lead off in the planning and building of homes for the now large, homeless agricultural population of rural California.

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